

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(NOT USE WITH FORM PTO-875)

SERIAL NO. **107089486** FILING DATE

APPLICATION NO.

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1											
2	1											
3	(1)											
4	(1)											
5	(1)											
6	(1)											
7	(1)											
8	(1)											
9	(1)											
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL IND.	2											
TOTAL DEP.	7											
TOTAL CLAIMS	9											